sured that when smoke inhalation, preexisting disease or age greater than 65 are not factors, a patient will almost surely survive with a burn of less than 70 percent. Such a patient today not only will survive but should have an excellent chance of regaining normal function with acceptable degrees of scarring.

No single breakthrough has been responsible for this change. Rather, the adoption of techniques learned in many disciplines, improved technology and slow but progressive understanding of the pathophysiology, coupled with a multidisciplinary team of skilled and devoted people, have made the difference. This is not to say that further progress is unnecessary. Many advances and some breakthroughs are still needed: the ability to culture skin in vitro and the availability of a collagenous framework to support the skin cells, which may someday enable us to cover patients who have no available donor sites; ways to improve immune function and other host defenses, and a better understanding of scar prevention.

Voice Changes From Antihistamines

WE LOOKED FOR a number of years at children receiving antihistamines. . . . Around the vocal folds are glands that produce fluid. The amount of fluid is about 1 liter per day, so a lot of fluid is produced in this area. When a drying agent is given to a patient, there is a tendency to change the physiological balance—to change the lubrication of these very rapidly moving structures—and to bring about some changes in the voicing process. This is something that we have to be very concerned about as we work with patients with voice problems. If a patient is receiving antihistamines or antidepressants, we can anticipate that there will be, over a long period of time, some decrease in the lubrication of the vocal fold, some thickening and reddening of the arytenoids, and a subsequent change in voice.

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